

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Avenue  
San Bernardino, CA 92415-0160



**APPLICATION FOR SEMI-FROZEN MILK PRODUCTS PLANT LICENSE**

Application is hereby made for a SEMI-FROZEN MILK PRODUCTS PLANT LICENSE to operate a milk products plant for receiving, processing or manufacturing semi-frozen milk products (soft-serve) for the calendar year ending December 31, 20\_\_\_\_ in San Bernardino County.

NAME OF BUSINESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

LOCATION OF BUSINESS \_\_\_\_\_  
Number Street City Zip Code

MAILING ADDRESS \_\_\_\_\_

Check one block: ☐ Individual ☐ Partnership ☐ Corporation

NAME OF OWNERS (If a corporation, give names of officers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE TO BEGIN OPERATING \_\_\_\_\_

PRODUCTS PROCESSED/MANUFACTURED \_\_\_\_\_

Plant's Old Name \_\_\_\_\_ Previous Owner's Name \_\_\_\_\_

SIGNATURE OF PRESENT OWNER OR MANAGER \_\_\_\_\_

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NUMBER OF MACHINES \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ RC NO. \_\_\_\_\_

***For Departmental Use Only***

Attention: District Supervisor (Inspector)

Please be sure all information above is COMPLETE and LEGIBLE. A license cannot be issued unless EVERY space is completed.

If not a new plant, please give previous owner's plant number 06- \_\_\_\_\_ .

Out of business date of previous owner \_\_\_\_\_ .

Type of license to be issued: Regular \_\_\_\_\_ Seasonal \_\_\_\_\_

☐ Ice cream Soft ☐ Ice Milk Soft ☐ Frozen Yogurt Dessert ☐ Non-Dairy Soft-Serve

Please sign and date if this plant is approved for a license:

\_\_\_\_\_  
Inspector's Signature Date